

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395295	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/24/2025
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NAME OF PROVIDER OR SUPPLIER: WECARE AT MURRYSVILLE REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 3300 LOGANS FERRY ROAD MURRYSVILLE, PA 15668
STATE LICENSE NUMBER: 134702	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on a revisit survey completed on January 24, 2025, it was determined that Wecare at Murrysville Rehab and Nursing Center corrected the deficiency cited during the survey of December 10, 2024, under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities, however, three deficiencies continue under the requirements of the 28 Pa, Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

Pennsylvania Department of Health

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P 5520		P 5520		

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P 5520	Continued from page 1 Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by:	P 5520	"The Facility submits this Plan of Correction under procedures established by the Department of Health in order to comply with the Department's directive to change conditions which the Department alleges is deficient under State and/or Federal Long Term Care Regulations. This Plan of Correction should not be construed as either a waiver of the facility's right to appeal or challenge the accuracy or severity of the alleged deficiencies or an admission of past or ongoing violation of State or Federal regulatory requirements." The facility cannot retroactively correct cited deficiencies. The facility will continue to maintain the required ratios and implement a contingency plan if needed by calling in off duty staff, calling sister facilities or utilizing agency as needed to ensure sufficient nursing staff. The RDO educated NHA/DON/ on ensuring sufficient nursing staff. To monitor and maintain ongoing compliance the	Completion Date: 02/25/2025 Status: APPROVED Date: 02/13/2025

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P 5520	Continued from page 2	P 5520	NHA/DON/scheduler will complete staffing meetings 5x weekly x4 weekly then monthly x2 to ensure sufficient nursing staff. The results of the audits will be forwarded to the facility Quality Assurance Performance Improvement (QAPI) committee for further review and recommendations.	

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P 5520	Continued from page 3 Based on a review of staffing documents provided by the facility and staff interview it was determined that the facility failed to provide one nurse assistant (NA)per 10 residents on the day shift on 14 of 14 days (1/7/25 through 1/20/25), one NA per 11 residents on the second shift on six of 14 days (1/8/25, 1/13/25, 1/15/25, 1/18/25, 1/19/25 and 1/20/25) and one NA per 15 residents on the night shift on nine of 14 days (1/7/25, 1/9/25 through 1/13/25, 1/15/25, 1/18/25 and 1/20/25) as required. Findings include: A review of facility staffing documents provided by the facility from 1/7/25 through 1/20/25, revealed the facility failed to provide NA on the following shifts as required: Day shift: Date Census Actual hours Hours	P 5520		

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P 5520	Continued from page 4 required <table style="width:100%; border-collapse: collapse;"> <tr><td>1/7/25</td><td>89</td><td>51.75</td><td>66.75</td></tr> <tr><td>1/8/25</td><td>89</td><td>45.75</td><td>66.75</td></tr> <tr><td>1/9/25</td><td>89</td><td>45.75</td><td>66.75</td></tr> <tr><td>1/10/25</td><td>89</td><td>42.75</td><td>66.75</td></tr> <tr><td>1/11/25</td><td>88</td><td>36.00</td><td>66.00</td></tr> <tr><td>1/12/25</td><td>89</td><td>44.25</td><td>66.75</td></tr> <tr><td>1/13/25</td><td>89</td><td>57.00</td><td>66.75</td></tr> <tr><td>1/14/25</td><td>89</td><td>57.75</td><td>66.75</td></tr> <tr><td>1/15/25</td><td>87</td><td>53.25</td><td>65.25</td></tr> <tr><td>1/16/25</td><td>87</td><td>54.75</td><td>65.25</td></tr> <tr><td>1/17/25</td><td>88</td><td>42.75</td><td>66.00</td></tr> <tr><td>1/18/25</td><td>88</td><td>56.25</td><td>66.00</td></tr> <tr><td>1/19/25</td><td>88</td><td>45.75</td><td>66.00</td></tr> <tr><td>1/20/25</td><td>88</td><td>37.50</td><td>66.00</td></tr> </table> Evening shift: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Date</td> <td style="width:15%;">Census</td> <td style="width:15%;">Actual hours</td> <td style="width:15%;">Hours</td> </tr> <tr> <td>required</td> <td></td> <td></td> <td></td> </tr> </table>	1/7/25	89	51.75	66.75	1/8/25	89	45.75	66.75	1/9/25	89	45.75	66.75	1/10/25	89	42.75	66.75	1/11/25	88	36.00	66.00	1/12/25	89	44.25	66.75	1/13/25	89	57.00	66.75	1/14/25	89	57.75	66.75	1/15/25	87	53.25	65.25	1/16/25	87	54.75	65.25	1/17/25	88	42.75	66.00	1/18/25	88	56.25	66.00	1/19/25	88	45.75	66.00	1/20/25	88	37.50	66.00	Date	Census	Actual hours	Hours	required				P 5520		
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P 5520	Continued from page 6	P 5520		
P 5530	Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	The facility cannot retroactively correct cited deficiencies. The facility will continue to maintain the required ratios and implement a contingency plan if needed by calling in off duty staff, calling sister facilities or utilizing agency as needed to ensure sufficient nursing staff. The RDO educated NHA/DON/ on ensuring sufficient nursing staff. To monitor and maintain ongoing compliance the NHA/DON/scheduler will complete staffing meetings 5x weekly x4 weekly then monthly x2 to ensure sufficient nursing staff. The results of the audits will be forwarded to the facility Quality Assurance Performance Improvement (QAPI) committee for further review and recommendations.	Completion Date: 02/25/2025 Status: APPROVED Date: 02/13/2025

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P 5530	Continued from page 7 Based on review of nursing time schedules and staff interview it was determined that the facility administrative staff failed to provide a minimum of one licensed practical nurse (LPN) per 25 residents on the day shift on one of 14 days (1/11/25) one LPN per 30 residents on the evening shift on six of 14 days (1/11/25, 1/12/25, 1/14/25, 1/16/25, 1/19/25 and 1/20/25), and one LPN per 40 residents on the night shift on six of 14 days (1/8/25, 1/13/25, 1/15/25, 1/16/25, 1/19/25 and 1/20/25). Findings include: Review of facility census data, nursing time schedules from 1/7/25 through 1/20/25, revealed the following LPN staffing shortage: Day shift: Census Actual hours Hours required 1/11/25 88 24.80 28.16	P 5530		

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P 5530	Continued from page 8 Evening shift: 1/11/25 88 23.20 23.47 1/12/25 89 19.20 23.73 1/14/25 89 20.80 23.73 1/16/25 87 20.80 23.20 1/19/25 88 20.00 23.47 1/20/25 88 16.00 23.47 Night shift: 1/8/25 89 16.00 17.80 1/13/25 89 15.20 17.80 1/15/25 87 15.20 17.40 1/16/25 87 15.20 17.40 1/19/25 88 16.00 17.60 1/20/25 88 8.00 17.60 During an interview on 1/24/25, at 2:50 p.m. the Nursing Home Administrator confirmed the facility failed to provide the minimum of LPN's on the above day as required.	P 5530		

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P 5530	Continued from page 9	P 5530		
P 5640	<p>Nursing services.</p> <p>(2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5640	<p>The facility cannot retroactively correct cited deficiencies.</p> <p>The facility will continue to maintain the required ratios and implement a contingency plan if needed by calling in off duty staff, calling sister facilities or utilizing agency as needed to ensure sufficient nursing staff.</p> <p>The RDO educated NHA/DON/ on ensuring sufficient nursing staff and ensuring a minimum of 3.20 PPD. To monitor and maintain ongoing compliance the NHA/DON/scheduler will complete staffing meetings 5x weekly x4 weekly then monthly x2 to ensure sufficient nursing staff.</p> <p>The results of the audits will be forwarded to the facility Quality Assurance Performance Improvement (QAPI) committee for further review and recommendations.</p>	<p>Completion Date: 02/25/2025</p> <p>Status: APPROVED</p> <p>Date: 02/13/2025</p>

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P 5640	Continued from page 10 Based on a review of nursing time schedules and staff interview, it was determined that the facility failed to provide a minimum of 3.20 PPD (per patient daily) hours of direct care for each resident on 14 of 14 days (1/7/25 through 1/20/25). Findings include: Review of staffing documents and nursing staff schedules from 1/7/25 through 1/20/25, indicated that the State required PPD minimum hours of 3.20 was not met on the following days: 1/7/25= 3.06 PPD. 1/8/25= 2.70 PPD. 1/9/25= 2.81 PPD. 1/10/25= 3.04 PPD. 1/11/25= 2.65 PPD. 1/12/25= 2.80 PPD. 1/13/25= 2.56 PPD. 1/14/25= 3.02 PPD. 1/15/25= 2.84 PPD.	P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395295	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/24/2025
NAME OF PROVIDER OR SUPPLIER: WECARE AT MURRYSVILLE REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 3300 LOGANS FERRY ROAD MURRYSVILLE, PA 15668		
STATE LICENSE NUMBER: 134702				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5640	Continued from page 11 1/16/25= 2.90 PPD. 1/17/25= 2.92 PPD. 1/18/25= 2.77 PPD. 1/19/25= 2.70 PPD. 1/20/25= 2.37 PPD. During an interview on 1/24/25, at 2:50 p.m. the Nursing Home Administrator confirmed that the facility failed to provide a minimum of 3.20 PPD hours of direct care on the above dates as required.	P 5640		



Certified End Page

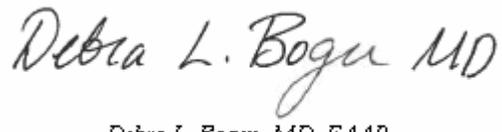
WECARE AT MURRYSVILLE REHABILITATION AND NURSING CENTER

STATE LICENSE NUMBER: 134702

SURVEY EXIT DATE: 01/24/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY